PTO/SE/06 (08-03)
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PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-875	N RECORD	15	7777	735
CLAIMS AS FILED - PART I (Column 1) (Column 2)	SMALL ENTITY	OR	OTHER SMALL	
FOR NUMBER FILED NUMBER EXTRA	RATE FEE		RATE	FEE
BASIC FEE	355	CIR	73,72	
(ST CFR 1.18(d)) YOYAL CLAIMS	70 100	8		
(37 CFR 1.18(t)) Gritturs 20 e C	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR	^• <u> </u>	
(37 CFR 1.18(0)) rtinus 3 = *	11.730 40	OR	× 8	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))	1	OR	+3	
" If the difference in column 1 is less than gard, enter "O" in column 2.	TOTAL 6/5	OR	TOTAL	
CLAIMS AS AMENDED - PART II	CHANGE CHETTY	OR	OTHER	
CAME HIGHEST	SMALL ENTITY		SMALL	
	RATE ADDI- TIONAL FEE		RATE	ADOI- TIONAL FEE
AFTER AMENOMENT PREVIOUSLY EXTRA Total programmen Services Minus " AND " O Indigendent programmen Services Minus Minus Services Minus Services Minus Services Minus Minus Services Minus Services Minus Mi		OR	x s=	
Independent of Minus	x Q	OR	× 8	
3		OR	+:	
PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.98(8))	TOTAL S		TOTAL	
3/10/210	ADDY FEE	OR	ADO'L FEE	
(Cotumn 1) (Cotumn 2) (Cotumn 3)		Ì		
ID REMAINING NUMBER PRESENT	RATE ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total granutra	x O	OR	x 8	
independent	x O	OR	X 5	
REST PRESENTATION OF NULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))	0	OR	+5 =	
FORST PRESENTATION OF BULLIPLE DEPENDENT CORE (2) O'N LINGUIT	TOTAL ADDL FEE	OR OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3			•	
CLAIMS HIGHEST	RATE: ADDI-		RATE	ADDI-
REMARKS ROBERT	TIONAL FEE			TIONAL FEE
Total Total Minus " 40 "	×4	OR	x \$=	
Z Independent Orien 1,1600 Minus	x9•	OR	x 8=	
ATTER PREVIOUS EATRA AMENDMENT PAID FOR Total go or 1.4600 Minus Minus Minus FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.1600)		OR	·	
MINGS PRESENTATION OF MULTIPLE DEPENDENT COMM (3) O'N LIGHT)	TOYAL		TOTAL	
• If the entry in column 1 is less than the entry in column 2, write "O" in colum	ADD'T FEE	OR	ADO'L FEE	
"If the "Highest Number Previously Peid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "20". "If the "Highest Number Previously Peid For" IN THIS SPACE is less than 3, enter "2".				

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the Highest number bound in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The Information is required to cottain or retain a benefit by the public which is to file (and by the USPTO to paccess) an application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to table 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. There will vary depending upon the Individual case. Any comments on the amount of time you require to complete this form and/or suggestions for making this burden, should be sent to the Chief Information Officer, U.S. Patient and Tradement Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22315-1450, DO NOT SEND FEES OR COMPUETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22315-1450.